								Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECOF								. / -0 - 0				
Effective October 1, 2000								09/758588					
,								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS							Γ	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	SASIC FE	E 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			45 mir	nus 20=	. 25			X\$ 9=	225	OR	X\$18=		
INDEPENDENT CLAIMS				nus 3 =	• 4		Γ	X40= //20		OR	X80=		
ML	ILTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	740	OR	TOTAL		
	CLAIMS AS AMENDED - PART II							OM 4 1 1	FAITITA	-	OTHER		
	A	(Column 1) CLAIMS	· ·	(Colur		(Column 3)	; 	SMALI	LENTITY	OR 1 1	SMALL		
ENT A	K	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 45	Minus	4	15	=		X\$ 9=		OR	X\$18=		
4ME	Independent	.]	Minus	/	7	=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
	(Column 1) (Column 2) (Column 3)								IL .	٠,	TOTAL		
									E L.	1 04	ADDIT. FEE	L	
8		CLAIMS		HIGH	HEST		ŗ		ADDI-	1		ADDI-	
MENT B	and any or the state of the sta	REMAINING AFTER AMENDMENT	and the second	PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
N N N	Total	*	Minus	**	. — *	=	Γ	X\$ 9=		OR	X\$18=		
AMENDI	Independent	*	Minus	***		=	T	X40=		OR	X80=		
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	TCLAIM		H	+135=	1				
								+135= TOTA		OR	TOTAL		
								DDIT. FE		OR	ADDIT. FEE	L	
_		(Column 1) CLAIMS		HIGH	mn 2) HEST	(Column 3)	_		TARR!	1		ADC:	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
\vec{V}{2}	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	<u></u>	
ME	Independent	*	Minus	***		=	r	X40=	†	OR	X80=		
ال	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	+	1		 	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT. FEE		
	The "Highest Nun	nber Previously Pa	id For" (Total o	or Independ	dent) is the	e highest number	foun	d in the	appropriate bo	ox in cc	olumn 1.	٠	